Town of West Boylston

New Health Insurance Premium Rates - <u>WATER EMPLOYEES</u> Effective July 1, 2015 - June 30, 2016

Harvard Pilgrim Health Care

<u>HPHC - HMO- Family</u>	<u>10%</u>
Total Monthly Premium Cost	\$1,789.21
Employee/Pre-65 Retiree Monthly Cost	\$178.92
Bi-Weekly Payroll Deduction Amount	\$89.46
HPHC - HMO- Individual	<u>10%</u>
Total Monthly Premium Cost	\$693.49
Employee/Pre-65 Retiree Monthly Cost	\$69.35
Bi-Weekly Payroll Deduction Amount	\$34.68
HPHC - POS- Family	<u>25%</u>
Total Monthly Premium Cost	\$2,945.30
Employee/Pre-65 Retiree Monthly Cost	\$736.33
Bi-Weekly Payroll Deduction Amount	\$368.17
HPHC - POS- Individual	<u>25%</u>
Total Monthly Premium Cost	\$1,141.58
Total Monthly Premium Cost Employee/Pre-65 Retiree Monthly Cost	\$1,141.58 \$285.40
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Employee/Pre-65 Retiree Monthly Cost	\$285.40
Employee/Pre-65 Retiree Monthly Cost Bi-Weekly Payroll Deduction Amount	\$285.40 \$142.70
Employee/Pre-65 Retiree Monthly Cost Bi-Weekly Payroll Deduction Amount HPHC - PPO- FAMILY	\$285.40 \$142.70 <u>25%</u>
Employee/Pre-65 Retiree Monthly Cost Bi-Weekly Payroll Deduction Amount HPHC - PPO- FAMILY Total Monthly Premium Cost	\$285.40 \$142.70 <u>25%</u> \$5,423.52
Employee/Pre-65 Retiree Monthly Cost Bi-Weekly Payroll Deduction Amount HPHC - PPO- FAMILY Total Monthly Premium Cost Employee/Pre-65 Retiree Monthly Cost	\$285.40 \$142.70 25% \$5,423.52 \$1,355.88
Employee/Pre-65 Retiree Monthly Cost Bi-Weekly Payroll Deduction Amount HPHC - PPO- FAMILY Total Monthly Premium Cost Employee/Pre-65 Retiree Monthly Cost Bi-Weekly Payroll Deduction Amount	\$285.40 \$142.70 25% \$5,423.52 \$1,355.88 \$677.94
Employee/Pre-65 Retiree Monthly Cost Bi-Weekly Payroll Deduction Amount HPHC - PPO- FAMILY Total Monthly Premium Cost Employee/Pre-65 Retiree Monthly Cost Bi-Weekly Payroll Deduction Amount HPHC - PPO- Individual	\$285.40 \$142.70 \$25% \$5,423.52 \$1,355.88 \$677.94
Employee/Pre-65 Retiree Monthly Cost Bi-Weekly Payroll Deduction Amount HPHC - PPO- FAMILY Total Monthly Premium Cost Employee/Pre-65 Retiree Monthly Cost Bi-Weekly Payroll Deduction Amount HPHC - PPO- Individual Total Monthly Premium Cost	\$285.40 \$142.70 25% \$5,423.52 \$1,355.88 \$677.94 25% \$2,102.11

	All Employees	
Altus Dental	Low	High
	<u>Plan</u>	<u>Plan</u>
<u>Family</u>		
Total Monthly Premium Cost	\$139.57	\$145.59
Employee / Retiree Monthly Cost (100%)	\$139.57	\$145.59
Bi-Weekly Payroll Deduction Amount	\$69.79	\$72.80
<u>2-Person</u>		
Total Monthly Premium Cost	\$97.29	\$105.02
Employee / Retiree Monthly Cost (100%)	\$97.29	\$105.02
Bi-Weekly Payroll Deduction Amount	\$48.65	\$52.51
<u>Individual</u>		
Total Monthly Premium Cost	\$48.65	\$52.51
Employee / Retiree Monthly Cost (100%)	\$48.65	\$52.51
Bi-Weekly Payroll Deduction Amount	\$24.33	\$26.26